

# Methodological reflections on ethics, relations of care and reciprocity in feminist research praxis

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## Abstract

This paper puts forward a model of feminist research practice, termed ‘TROVE’. This model emerged through methodological reflections on research ethics for a project exploring women’s experiences of gender inequality over the life course. The paper discusses five relations of care that became core to the research: relations within the team; between researchers and participants; in participants’ connection with their past, present, and future selves; among participants as a group; and across generations. Reciprocity, both in discourse and practice, played a pivotal role in these care relationships. The TROVE model highlights reciprocated relationships based on trust, recognition, openness, vulnerability, and empathy. These elements demonstrate the inherent value of care and reciprocity in feminist praxis and ethical research. They help to navigate tensions between procedural and situated ethics, and thereby have potential applications beyond explicitly feminist studies.

## Keywords

feminist research, ethics, care, reciprocity, methodology, trust, recognition, openness, vulnerability, empathy

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## Introduction

In this paper, we reflect on the relational ethics, care, and reciprocity that emerged through a collaborative research project. The authors of this paper are well known to each other as colleagues and friends, and prior to the global coronavirus disease 2019 (COVID-19) pandemic, we began collaborating on research exploring older women's experiences of (in)equality over their life course. The team shared an implicit understanding that the research design and process would follow a feminist ethics of care. We sought to address older women's disadvantages, while ensuring that the research itself did not contribute to this disadvantage (Yarrow *et al.*, 2018). What follows is an outline of our research process. We present an emergent model of feminist research and relations of care that we reflexively developed as the research progressed through its various phases.

Our process of doing this research, and the reflective discussions we continue to have, reveals the importance of attending to the multiple, entangled relationships throughout a research project. As feminist researchers, we strive to embody relations of care in diverse ways: With individual participants, within our research team, and through our participants as a group. However, we recognise the potential for 'caring' research to be exploitative, particularly when trust and empathy are instrumentalised. For example, Duncombe and Jessop (2012) critique how 'caring' could be efforts at rapport building with participants for the success of the research, rather than on-going relationships. Partly in response to such critiques, this article introduces a model of feminist research practice – the 'TROVE' model – that reflects the relational ethics that emerged through our research process, and offers a tool for other research teams who seek to enact an ethics of care (rather than instrumentalised caring) through their research practice.

The TROVE model contributes to scholarship on feminist research ethics. A rich literature on the philosophy of feminist ethics espouses a values-based ethics focused on political emancipation for marginalised groups, reflexivity, reciprocity, care, and valuing diverse knowledges (Edwards and Mauthner, 2012; Hirschmann, 1989; Koehn, 1998). However, there is less work on how these principles are enacted in research practice (Kingston, 2020). Within work that does focus on putting feminist ethics into research practice, most attention is given to relationships between the researcher and participant, and this is often taken to be a 1–1 relationship. The TROVE model expands this work, and we argue that attention must be given to the multiple relations that emerge during any research endeavour, and the different possibilities and tensions that can arise.

In our project, five emergent relations of care developed through the research process: Relations within the research team; between researchers and participants; in participants' relations with their past, present and future self; between participants as a group; and across generations. We elaborate on these five relations of care and their meanings and practices later in the article. According to Tronto (2009) an ethic of care is defined as:

... an approach to personal, social, moral, and political life that starts from the reality that all human beings need and receive care and give care to others. The care relationships among humans are part of what mark us as human beings. We are always interdependent beings. (n.p)

Central to these 'relations of care' were the discursive and embodied practices of reciprocity that took shape as the research evolved. The TROVE model captures what was reciprocated through these emergent relationships of care: Trust, recognition, openness,

vulnerability, and empathy. While the model is based on our own experiences, we believe it is widely applicable to other researchers working with a relational ethics of care that is attentive to the multiple relationships that emerge throughout the research process.

In what follows, we first discuss literature on feminist research ethics and methodology, before introducing the TROVE model. We then outline our research design, and unpack how we sought to enact relations of care that embodied the TROVE principles – sometimes in ways that pushed against the conventional practices of our university.

## **Feminist research approaches to ethics and methodology**

Research ethics concerns the moral process of considering the wellbeing of others when conducting studies (Wiles, 2012). Feminist ethics literature articulates the principles of feminist research, critiques ‘objective’ value-free modes of doing research, rejects exploitative relationships, and espouses intimate relationships (Maynard, 1994). Another strand of literature on feminist methodologies seeks not only to counter dominant models of research and science, but also to foreground experiential and embodied ways of doing research (Harcourt *et al.*, 2022). However, as Kingston (2020) notes, these two sets of literature are often separate from each other. While feminist ethics has been widely discussed, feminist *research* ethics has received less attention. Reciprocal relationships between researchers and participants is a core value of feminist research (Kingston, 2020), and while in more applied methodology literature there is much discussion about how to do research differently, this is often separate from discussions on its philosophical underpinnings. This article bridges the gap by exploring how reciprocity can be enacted in different spaces, relationships, and research temporalities.

A sensitivity to reflexivity runs through feminist approaches to ethics and methodology. These approaches focus on mutuality, reciprocity, and non-hierarchy – exchanges of listening and talking, and giving and taking, between researcher and participants – which can develop rapport and empower participants (Whittingdale, 2021). Early work on feminist methodologies that focused on building friendship and intimacy between women has been problematised, however, as researchers consider how power operates through research relationships (Rhodes and Carlsen, 2018). Building rapport might encourage ‘fake friendship’ in order to gain more juicy data (Duncombe and Jessop, 2012). There is a genuine risk that in our desire to build trust, be open, empathetic, and give recognition to our participants’ voices, we ignore the complex work we do to maintain the relationships between ourselves and our participants (Duncombe and Jessop, 2012; Jackson, 2021). For example, Duncombe and Jessop (2012) critique the professionalisation of ‘rapport building’, highlighting how researchers are encouraged to develop rapport through actions like engaging in small talk, getting to know the participant, sharing food, making eye contact, and being friendly. They also raise a concern: ‘If interviewees are persuaded to participate in the interview by the researcher’s show of empathy and the rapport achieved in conversation, how far can they be said to have given their ‘informed consent’ to make the disclosures that emerge during the interview?’ (p. 111).

Furthermore, despite a shared identity as women, intersectional structural differences such as social class and ethnicity shape experiences of reciprocity in the research encounter (Jackson, 2021). When ‘care’ or ‘open conversations’ are used in a way that makes the

process look uncomplicated, this ignores the messy realities of the research relationships (Thwaites, 2017). This relational aspect of the power dynamic is not something that can be resolved; rather, it needs to be recognised (Jackson, 2021). Thus, we see a need to provide space for more empathy throughout the research process, while also enabling openness regarding relationship development in research (Toombes *et al.*, 2017). It is important for the researcher to be fully open about the research process and what they will do with the stories collected. We must also recognise that while power imbalances are inherent to the research relationships, participants also have agency in choosing what to disclose and how to construct their narratives (Oakley 2016). We recognise, however, that in the majority of research projects (putting aside participatory action research), participants will seldom have any control of choice over how researchers analyse their narratives and/or in their representation. This is a dilemma that is not easily overcome and one that relies on the establishment of trust between researchers and participants. In our research, we have attempted to overcome this power imbalance by adopting a social constructionist frame of analysis. This frame of analysis is discussed in more detail in an earlier publication by the authors on the way in which participants narrated and told their stories about in/equality over their life course.

Research employing an ethics of care has blossomed in recent years, and can be understood as part of an embodied ethical ‘turn’ (Pullen and Rhodes, 2014), where ethical decisions are made on the basis of care, compassion and a desire to benefit participants (Puig de la bellacasa, 2017). This is in contrast to consequentialist and principlist approaches that use rules or principles to address ethical dilemmas (Wiles, 2012; Tyler, 2019). Ethics of care is often focused on the researcher’s caring responsibility to participants (Kingston, 2020). However, this perspective on care ethics has been criticised for taking a paternalistic perspective (i.e., seeing the researcher-participant relation as a parent–child relationship) that supplants the participant as an object of care (Toombes *et al.*, 2017). An ethics of care has also been criticised for essentialising and encouraging traditional gender roles, ignoring questions of justice and virtues other than caring, and inhibiting a person’s autonomy (Davion, 1993; Keller, 1995). Recent work reframes the participants’ role from performing a service for the research project to engaging in a reciprocal, interdependent relationship with the researcher (Toombes *et al.*, 2017). In this way, we can see how researchers and participants simultaneously provide and receive care: that is, a relational approach to care.

Indeed, research is at its core about relationships – examining, looking at, and unpacking connections from different perspectives (Harcourt *et al.*, 2022). In relational research, ‘the unit of inquiry [becomes] not a discrete being (human or other-than), but the shifting and *co-constitutive relations* between them’ (van den Berg and Rezvani, 2022: 23). Feminist ethics recognises these dynamic relationships and is therefore a ‘situated ethics’ (Guillemin and Gillam, 2004) that is *always in process* (Dupuis 2022: 60). Thinking relationally helps us overcome dichotomies and move beyond separations, for relational inquiry is not just about relations between researcher and participant, but about relations with the non-human, the research team, and relations that connect across space and generations (Dupuis, 2022). Relationships can be unequal and manipulative as well as caring, and therefore, reflexive awareness of the quality of relationships is central to relational care ethics. This focus resonates with decolonial research ethics

that move away from a risk management approach to individual rights and autonomy, and rather toward conversations about partnership, commitment, responsibility, and social justice (Tuhiwai Smith, 2012).

Reciprocity is also a core element of feminist ethics and is generally seen to entail giving something back to research participants (Kingston, 2020). Beyond material reciprocity, feminist work focuses on reciprocal relationships. Moving beyond research relationships as learning ‘about’ others, to learning ‘from others’ recasts the relationship to what Rhodes and Carlsen (2018: 1297) refer to as ‘ethical vulnerability’ and ‘generous reciprocity’. Vulnerability, in this sense, is an active process of enabling participants to have more control over the research process, and recognising that we as researchers are not always in control even of our own participation in the research, let alone the participants (Letherby, 2003; Yarrow et al., 2018).

Finally, feminist ethics recognises that reciprocal research relationships are emergent, highlighting the need to adopt a flexible approach that adapts to emerging data and multiple research relations (Letherby, 2003). This requires taking a long-term perspective to relationships, going beyond how we initially build trust with participants to engaging with the multiple subject positions we as researchers occupy and the multiple subject positions research participants become entangled within, including power inequities within a research team (Toombes et al., 2017). Sharing stories from the research process and acknowledging messiness and failures ‘serves as a way of troubling and being troubled by’ (Harcourt et al., 2022: 5). This can be difficult work.

This brief literature review suggests the importance of several interconnected principles that are core to a feminist research practice: Trust, recognition, openness, vulnerability and empathy. The TROVE model brings these principles together, providing a new and novel way to view them as reciprocal and relational. We unpack these further in the following sections. Importantly, these are shown to be active practices that should not be thought of as solely the domain of the researcher or participant, but enacted reciprocally in the multiple relations of care that emerge during research.

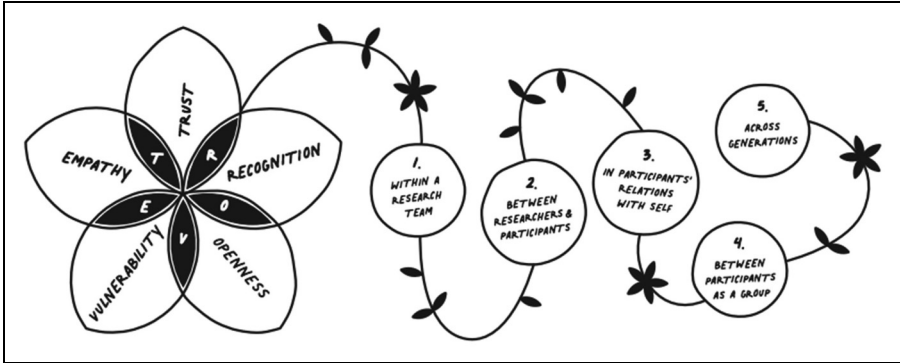


Figure 1. The TROVE model.

## 'TROVE': A model of feminist research ethics in practice

The TROVE model (Figure 1), developed from our collaborative reflections, draws on the four stages of a flowering plant: seed germination, growth, pollination, and seed spreading. The conceptualisation of the project can be likened to the *seed germination* of a flowering plant. The emergent relations of care that developed can be considered as the *growth phase*, while the petals of the flower represent *pollination*. Here, the five petals represent what was affectively produced and reciprocated through the growth of emergent research relations: Trust, recognition, openness, vulnerability, and empathy. We discuss the final stage, *seed spreading*, in the conclusion of the paper, where we suggest that the TROVE model has wider spread and applicability beyond this research.

A 'trove' is a collection of valuable or delightful things. Derived from this definition, the TROVE model asks us to both allow and appreciate the unexpected things that emerge through the research process. This was the case within our own research, where five relations of care were seeded from our feminist practice. Yet it is important to note that this was not intentional: Relationships evolved organically, in unforeseen ways, and often came to the fore affectively and non-materially through the five TROVE principles.

The TROVE model asserts that the key to establishing care relations in research is building *trust*. Trust in research relationships goes beyond, and provides an important alternative, to formal ethical codes of conduct (Baier, 1986). This encompasses not only the participant trusting the researcher, but also the researcher trusting the participant, participants' trust in the research institution, trust among the research team, and trust in the broader public institutions of research (Resnik, 2018). Secondly, *recognition* involves deep listening to understand and honour others. Aboulaflia (1984) writes that recognition is not about simply seeing the other, but about a reciprocal relationship that allows people to look past inequalities to deeply listen and understand each other as individuals. This focus on 'reciprocal recognition' resonates with our emphasis on emergent relationships in the research process. Third, recognition is enabled through *openness*, a quality called for in feminist research as a way of rallying against masculine research norms of the 'objective observer'. Openness involves the sharing of oneself as an exchange owed to participants upon whose voices, stories and lives research projects are built (Edwards, 1993). Fourth, being fully open with oneself and others necessitates *vulnerability* (Levinas, 1969). Vulnerability is the 'capacity to be open to a variety of wounds' (Wainwright and Williams, 2005: 29). This relational view of vulnerability argues for the 'corporeal, affective and socio-political interdependency between people' (Johanssen and Wikström, 2023: 320), in contrast to the notion of vulnerability in institutional ethics, where particular populations are considered inherently vulnerable, which risks denigrating and dehumanising people (van den Hoonaard, 2020). Finally, *empathy* – the ability to recognise, understand, and share the thoughts and feelings of another – is core to the research process (Leake 2019). Empathy is often seen as an individual ability or act, rather than a relation (van Dijke *et al.*, 2020). Recognising empathy as a relational conception means no longer perceiving research participants as the passive recipients of empathy, but rather how the researcher is also on the receiving end of empathy by being immersed in the other's experiences, attentively listening, and allowing oneself to be affected by the other (van Dijke *et al.*, 2020).

These TROVE principles are not discrete: They are interconnected and mutually reinforcing, and can be enacted in different moments within various relations of care. While other researchers variously speak to the different principles of the TROVE model, this model is unique in that it shows how these principles are not additive, but cumulative and generative. For example, trust requires recognition of the other; trust enables openness, and openness can enable vulnerability, empathy, and recognition to emerge. Below, we share how our evolving research process informed the TROVE model.

## The research design

The starting point for this research was a common desire to contribute to the larger political project of gender equality. Our research team is non-hierarchical: There is no project leader, and all research decisions we have had control over – both small and large – were made collaboratively and through consensus. The original research design involved life herstory interviews that have been in use for over 50 years by feminist researchers (Morgan, 1970) and a quantitative equality ranking exercise with older-aged women living in Aotearoa New Zealand's largest city – Tāmaki Makaurau Auckland. The ranking exercise captured how participants subjectively experienced equality over different periods of their lives from childhood to older adulthood, while the life herstory interviews offered greater depth by providing an opportunity for women to share both important and mundane moments in their lives. As noted by Hoff-Sommers (1995), life herstories seek to centre the everyday experiences and narratives of women, and in doing so, counter the dominance of male-constructed history/ies.

We recruited participants through city-wide flyers with simple inclusion criteria: Women aged 65+ willing to share their story. Due to the COVID-19 lockdown, the research was delayed by six months to prioritise face-to-face interviews. Twenty life herstory interviews and ranking exercises were then conducted with women aged 65–88. COVID-19 social distancing requirements were in place, and because the age of our participants put them in a high-risk group, our participants determined the setting and social distancing arrangements they felt comfortable with during their interview – a point we discuss later in the section on relations of care between the researchers and participants.

Upon completion of the interviews, the research team met for a two-day face-to-face data analysis workshop. The interview transcripts and the data from the ranking exercise highlighted important themes about gender inequality over the life course, but what we found particularly intriguing was how participants discursively constructed their personal narratives. They talked about the ways they had embraced their womanhood, resisted gendered norms, and the strengths they exhibited in different moments of their lives. How participants constructed their lives drew us towards celebrating their experience and wisdom, and made us curious about what life lessons older women might share with younger generations.

Accordingly, we invited participants to write a short life lesson and share it along with a life story at a half-day in-person, catered gathering with other participants. Of the 20 participants, seven attended in person, six shared their life lessons by email or phone, and the remaining seven women were either unable to be contacted or asked the research team to draw a life lesson from their interview. We felt some reluctance to draw life

lessons from the interview transcripts ourselves, because the team had developed close relationships with some of the women, and we felt a fresh pair of eyes might be able to better ascertain the dominant lesson that came through in each woman's interview. We thus invited seven female postgraduate students to read one of the seven transcripts and identify a life lesson that resonated with them. The older women's transcripts were de-identified – none of them mentioned specific work-places or other identifying data, and their real names were replaced with the pseudonyms they self-chose at the time of the interview. These younger female participants then shared the lesson and story together with the research team at a workshop held during our academic unit's annual writing retreat. The following section discusses the multiple relations of care that emerged within this fluid and evolving research process.

## **Emergent relations of care and reciprocity**

In this section, we discuss five relations that emerged during our research project. Each research project will be different, and other research projects will find that different relationships come to the fore. It is therefore useful for research teams to continually reflect upon the following: What kind of relationships are emerging? What is the quality of these relationships? How do they embody the TROVE principles, and what tensions or challenges might we recognise, discuss, and address?

### *Relations of care within the research team*

In a climate of individualised neoliberal subjectivity and success, academia has become increasingly competitive. One way this competition manifests is through senior academics drawing on the skills and knowledge of the precarious within the academy (i.e., postgraduate students, contract staff) without giving them the appropriate recognition. We pushed against this. One of the team members was a postgraduate student at the time and on various casual research contracts to make ends meet. We ensured recognition of this team member when discussing the project with our department manager, students, and colleagues; in all funding applications; and in authorship of conference presentations and publications. Furthermore, recognising this team member's contributions to the project, which included carrying out all but one of the interviews, over ninety percent of funds secured for the research were used to support her ongoing contributions. Our desire to recognise this team member required us to push against departmental norms that named researchers be permanent staff members and that contracts be short in duration.

Our approach to funding, based on need and circumstances rather than equal contribution, also meant that we had ongoing conversations about which small research funds we could access as the project progressed. This required open discussion of how much funding the permanent staff members each had available, when it needed to be spent, and what other projects we would like to spend it on. We made decisions not based on the principle of equal financial contribution, but on what each team member was able to allocate to the project at various times: at times, we allocated contributions from all of our individual funding but at varying amounts, and other times, we drew from just one. It could be asked how the power divide between full-time employed

researching academics and a post-graduate student could be overcome beyond pragmatic issues of funding and recognition. There is no simple answer to this. In part, and from our experience, it was based on a mutual respect that had been developed and built up over time and through different forms of relationships: Lecturer/student; researcher/research assistant on previous projects; supervisor/post-graduate student. The post-graduate student also supported and was instrumental in the development of a new course, and indeed, it was from that work that this research project was seeded. Her competency and capability were well-established, and the team fell into seemingly natural roles and without any explicit driver or agenda – it was a generative and organic process. Beyond the work environment, other personal, caring relationships had formed or were being formed that enabled us to work together as equal. By example, when one author chose to foster four five-week-old puppies, the post-graduate student became their co-foster mum: Visiting daily, playing, feeding, and cleaning up, as well as staying overnight and up late when needed. They were fun but busy days!

As a team of professional women, we are not exempt from expected gendered roles: in various ways, we are all involved in ongoing labours of care –to students, colleagues, parents, partners, children, grandchildren, and pets, among others. Being familiar with and understanding each team member’s various commitments and responsibilities in both work and home life, we adopted a flexible and open approach to sharing project responsibilities. For example, in the initial recruitment phase, the member of the research team with the least teaching responsibilities at the time was solely responsible for meeting potential participants and sharing summaries of these conversations with the team. In a later phase, a different team member (with less teaching responsibilities at that time) took on the responsibility for communicating with potential book publishers.

The open discussions and collaborative approach we took to the often-sticky areas of funding, authorship, and research labour during the project was enabled by trust built throughout the project as well as through our earlier interactions. While we live in different cities and most contact was via Zoom, we used the limited times we were able to meet in person to not only progress work, but connect with each other. For example, the two-day data analysis workshop was planned off-campus at a team member’s house in order to be more comfortable and intimate. Initially, we planned to meet at the home of the team member who lives centrally; however, another team member’s dog was unwell and couldn’t be left unattended. There was a quick, unanimous, and empathetic agreement to change the location and travel the extra distance to the home of the team member with the sick pet. Over these days, we not only made headway on the project, but took time to talk about our lives, share food, take walks to de-compress, and make plans for social outings, such as to a local production of the ‘Vagina Monologues’. This served as a shared recognition of both the joy and complexity of life as researchers and beyond.

### *Relations of care between the researchers and the individual participants*

We recognised that our participants were a cohort of older women and that this would bring forth some specific relational ethical issues shaped by intersectional considerations, such as age and the materiality of bodies. To build reciprocal relations of trust, we embraced a ‘slow research’ approach contrary to the temporalities of the academy. The

research team had lengthy and often multiple conversations with potential participants to address their concerns and ensure they felt safe, comfortable, and in control of how they wanted to proceed before agreeing to participate. One participant requested that the team member carrying out the interview visit her to have these discussions in person. This extra time spent sharing cups of tea and biscuits in the comfort of the participant's own home helped establish a trusting relationship before the 'formal' data collection began.

As the herstory interviews took place whilst COVID-19 was still prevalent in the community, the research team took care to make sure participants felt safe and comfortable. This involved recognising and acting on participants' wishes. Participants wanted to do the interviews in person rather than via Zoom or other formats, so we delayed the interviews until the women felt comfortable to do so. We maintained regular contact with the women prior to the interviews, so they could decide if and on what terms they wanted to continue, or to cancel if they preferred. In some instances, what this looked like transformed during the course of the interview. Jane, for instance, wanted to meet in person but was initially keen to maintain social distancing. Respecting her wishes and being mindful that she might have her own health vulnerabilities, the interviewing team member navigated what felt like a footwork dance of saying hello and orienting herself through the doorway while maintaining a distance. Yet following the interview, where many vulnerable stories were shared, relations built, and trust developed, whilst seeing the interviewer out the door, Jane stated: 'Oh, I just want to give you a hug! Perhaps we could just hold our breaths. Shall we?' Another example of how we considered the materiality of our participants' bodies was during the workshop held at our university campus. We offered the women taxi vouchers to attend if they preferred not to drive or were unable to do so. Only one woman who had stopped driving due to loss of vision accepted this offer. For those who chose to drive, we met them at their cars and walked with them, at their own pace, to the workshop location.

In Aotearoa New Zealand, it is common ethical practice to provide participants with some form of material 'thank you', such as a grocery voucher. The team recognised that some participants had limited mobility, so we ensured that the grocery voucher offered was for a supermarket that was in close proximity. Participants were consistently appreciative of this gesture. For some, the voucher helped alleviate the financial stressors and burdens of having to make ends meet in a city where the regular pension payment barely covers essentials. For others in more financially secure situations, the voucher opened up opportunities for self-care and the ability to purchase treats or items not typically on their shopping list. For one woman, the gesture of care was generative as the voucher was passed on to another woman who our participant knew was in need. It is important to note that the relations of care between the research team and participants was not one-way. The non-salaried member who carried out the herstory interviews was consistently caught off guard by participants' generous expressions of care. Numerous cups of tea were shared along with cakes, biscuits, scones – many homemade. Yet it was the gifts that the team member went home with following the interviews that were most sentimental. Participants gave her home baking and homegrown produce to share with her family, along with plants and cuttings from the women's gardens. These gifts were symbolic of the longevity of relations and the reciprocity of care: Care had not only gone into the creation of such gifts, but a continuation of care would be needed for the plants to continue growing. It is perhaps no small point, that the team member who did the interviews

formed ongoing relationships with many of the women, having further (non-research related) visits to the women's homes, being invited to join social gatherings, and when two of the women passed away, she was contacted by the women's family and friends.

These forms of exchange went beyond institutionalised conceptions of ethics, and indeed, beyond the material itself. The herstory interviews offered participants the agency to narrate their lives in the manner they wanted their lives to be both told and viewed. In asking the women what they wanted to share, the storytelling process evolved as a form of gifting. Furthermore, as both the researchers and the participants collectively let go of control and held space for vulnerable moments of discomfort, tears, joy, and laughter, the reciprocity of care formed a bedrock of trust. This enabled the reciprocity of trust, recognition, openness, vulnerability, and empathy to emerge.

### *Relations of care in participants' relationship with self*

A third relation of care that emerged was between participants and their past, present, and future selves. The open, unstructured interview format allowed for a narrative construction, whereby participants empathised with their younger selves and held space for self-compassion while reframing traumatic events. Having established a foundation of trust with the interviewing team member, participants acknowledged and spoke about times of hardship and adversity, including financial distress, gender inequality at work and in the home, and experiences of sexual and/or domestic violence. However, they largely made sense of these experiences through prevailing structural conditions and the socially constructed gendered norms of the time. In their narratives, they did not position their past selves as victims: They were survivors, resisters, and resourceful – they were agentic. For example, Barbara, who has experienced a great deal of difficulty and misfortune in her life, refused to consider herself unequal to others. In the ranking exercise (in which we asked each participant to rank and discuss their feelings of equality in each decade of their lives from 0 = most unequal to 10 = most equal), she exclaimed 'Ten all the way!', even though some of her life events and experiences would suggest otherwise. Margaret, when reflecting on her younger years and with the freedom to construct herself and her past in the way she wanted her story to be narrated, stated 'I didn't realise how strong I was'.

What was also evident in the life herstory interviews was the way the women recognised and connected their past selves and actions to their current well-being, wisdom, and self-fulfilment. These older age positionalities were enabled by the actions, experiences, and learnings of their younger selves. They spoke about new romances (a result of earlier relationships and coping with both loss and turmoil), the joys of grand-parenting (a result of younger life reproduction), of financial and housing security (the result of their younger selves being financially prudent or taking entrepreneurial risks), and of autonomy and freedom (a result of learning to know 'oneself'). As older women, participants granted recognition to their younger selves but also empathised with them, spoke openly about their vulnerabilities, and about the trust they had developed in themselves over the years as capable, caring, and resourceful individuals.

The women also narrated and enacted relations of care to their present selves. In terms of narration and care for their present selves, they acknowledged that they weren't as fast, fit, clear of eyesight, or mobile as in earlier years, and that sometimes not everything is

easily remembered and recalled. However, rather than dwelling on these points, they also explained – often vividly – what their everyday lives as older women were like. They described how they swim regularly, attend yoga and fitness classes, work part-time, volunteer in various organisations, attend U3A meetings, have romantic adventures with new lovers, or are content simply being in their own company: they embraced their present lives and in doing so debunked some popular narratives of older age being a time of decrepitude and loneliness. Care to one's present self was also apparent in the way in which women engaged in the life-lesson sharing workshop. The researchers did not impose how or when women should contribute and it was evident that in caring for one's present self, they self-nominated when to share and felt most comfortable and safe to do so. This will be explained further in the following section.

Participants also expressed a relation of care to their future selves. As a cohort of women aged between 65 and 88 years, they did not look to their older years and future selves pessimistically but as a life period of increased freedom: the older the participants were, the higher they ranked themselves in terms of equality (defined as freedom). They have autobiographical book projects they are working on, seeking romance, enjoying solitude, embracing opportunities for new friendships, and making the most of time to share their wisdom with younger generations. Care to one's future self also took form in the way the younger women who participated in the second workshop re-imagined their future selves through the narratives of the older women. For instance, one participant who is in her mid-thirties spoke about how the woman's narrative she had been asked to read had re-shaped her understanding of older adulthood from a feeling of trepidation to feeling okay with her own aging and what her life might look like. In this way, she allowed her present self to empathetically respect and positively anticipate her older-aged future self.

### *Relations of care between the participants as a group*

An emergent relation of care also came to bear between research participants as a group. This was most evident in the first workshop, where the older women were invited to prepare a life lesson and story from their life for younger generations and share this with other older participants and the research team. The women were heterogeneous in terms of ethnicity, relationship status, and housing arrangements. Some of the participants already knew each other, however, their willingness to move beyond their own social groups quickly became apparent. The workshop space was organised as a circle with large comfortable chairs and a coffee table laden with sweet and savoury treats. Rather than sitting with existing friends, participants appeared to intentionally sit with people they didn't know, taking the opportunity to make new connections, thus generating a workshop space that was friendly, fun, and sociable. Countless moments emerged that reflected care for one another in this space.

For example, we had allocated approximately 20 min at the start of the workshop for quick introductions, but we didn't anticipate the participants' strong desire to provide context for their lives and share initial insights about themselves. Beverley was the first person to introduce herself. She openly shared with others the story of her life, including her migration story, marriage, travels, raising her son on her own, juggling work and home life, supporting international students, and the importance of U3A to

her, noting that she ‘could talk all day, but I won’t’. Other women followed suit with lengthy personal introductions. As researchers, we let go of the desire and sense of need to control the schedule, and by the end of the introductions, almost two hours had passed! What emerged from this, however, was a reciprocal encounter where listening, sharing, and recognition of the ‘other’ was centred. This established trust among the women.

During the workshop, deeply significant moments in participants’ lives were shared. These moments were often hopeful and celebratory, but also included deeply traumatic periods, including an experience of sexual assault, the dissolution of marriages, the suicide of a child, and the grappling with one’s gender. What was evident was participants’ willingness to be open with others – others who were, for the most part, ostensibly strangers – and to make themselves vulnerable, revisiting some of the darkest periods of their lives. The space generated was one of openness, vulnerability, empathy, and ultimately trust that others would take care of the story of their lives.

Diane’s personal introduction and life lesson are a testament to this. As a transgender woman, Diane was eager to take part in the workshop yet was anxious about her likely acceptance. She requested to share her personal introduction last – the point at which she felt safe to disclose her different gendered life identities. She began:

What you won’t realise is that [sigh] the person sitting in front of you with this beautiful dress on was actually born male and so, fake if you like, but the fakeness was with the male, not me. I’ve always been female and it was very hard to understand. I’m sat here and I’m thinking oh my god, I’m the only male here, only I’m not [male].

She went on to pose the question: ‘Am I the first person that you’ve met that’s lived in two sexes?’. Mairi, who sat next to Diane, gently placed her hand on Diane’s and clearly and firmly stated ‘No, you’re not because I have a 14-year-old grand [pause] daughter who is now a [grand] son’. In the context of research with older adults who grew up in an era where homosexuality, let alone, transgender individuals faced significant social and legal persecution, this was an exceptionally profound moment of openness, vulnerability, and recognition.

There were other significant moments in the workshop that reflected emergent relations of care and deep empathy. Despite the largely orthodox Christian base of the group, Maria told of a (somewhat animist) spiritual enlightenment she experienced during a sexual assault while travelling the world alone. Without knowing the standpoint of others in the group on gendered care roles within the family, Rose and Song told stories of resentment toward the gendered family expectations placed upon them and how they navigated this emotion in their different ways. Jane told about how her son had committed suicide in his early twenties due to what she understood as being related to drug-induced psychosis. In each of these instances of openness, the room filled with an outpouring of empathy, acceptance, and support.

We gave the women autonomy to decide what to share and when based on their own sense of the group. We could not foretell the stories and personal experiences the women would choose to share, nor did we prompt or restrict discussion during the workshop. In hindsight, it may have been beneficial to have provided them with details of places to seek support after the workshop, such as helplines, prior to agreeing to participate. However,

we did invite participants to keep in touch with us to share their reflections or concerns. A number of women contacted us after the workshop via email to share their reflections on the workshop and the stories others had shared. No participant expressed any distress. Those who did communicate with us thanked us for the opportunity and wrote about how they had been touched by the stories of others in positive and thoughtful ways.

### *Relations of care across generations*

The final relation of care that emerged throughout the research process was between women across generations. This took two forms. The first was familial: The way our participants spoke about their parents and grandparents, particularly their mothers and grandmothers. The second manifested in the discursive interplay between our older and younger participants during the two life-lesson workshops – a caring relation with the imagined but unknown ‘other’.

During the life herstory interviews, women frequently spoke with openness, admiration, and respect for the strength and resilience of their familial ancestors and how as role-models, they shaped participants to be strong and capable women themselves. Rose, who was the oldest participant at 88 years (now deceased), spoke about her own strengths as a mother, grandmother, and great-grandmother, and her ability to cope and manage the home with scarce resources. She also openly gave recognition to the past women in her family who contributed to her becoming the capable woman she saw herself as:

I had seen my mother cope in an exceptional way. She was never beaten and she would do everything that was required in all kinds of ways. I mean, you could write a book about my mother and what she did. But so many of the women at that time did, too. You know ... My mother-in-law, she would have a go at everything. And I think I'd seen that. And perhaps I sensed also that there's a certain strength in women that's innate. They're able to deal with it. Deal with whatever comes their way.

Barbara extended her conviction for recognition even further to acknowledge her various family lines, both across genders (men and women), cultures and ethnicities, and collectives of generations. When she spoke about her mother she exclaimed: ‘My mother was just plain savvy, streetwise, savvy. Cornish tin mining people, wow! You know? Survivors.’ She also gave recognition to the values, skills, and interconnection she has to the environment and her personal well-being that came from her Indigenous grandmother:

Now we're surrounded here in this beautiful home, which we had built over 50 years ago by basically a forest. And it has been the thing that has kept me sane and healthy. Planting and tending to trees and plants, fruit trees, whatever, is a wonderful distraction and very healthy for the mind and the body. And I did get that love of gardening from my Māori grandmother. Her name was Te Kihī ... (goes on to tell the story of her grandmother)

In these examples, both women openly appreciate the contributions of their ancestors in shaping who they became, and their own values and strengths as women. They

reciprocate care with past familial generations who nurtured and cared for them by remembering, acknowledging, respecting, and sharing their stories.

Barbara also reflected on the contribution past generations made through their dedication to technological and other advances that today's generations enjoy and take for granted:

... these wonderful people that are my parents and my grandparents and my great-grandparents. Well, what do you say? Thanks! [chuckles] It seems ridiculous that in this day and age when we're sitting here with computers, modern medicine, air transport, we think nothing of all of these wonderful things. But they came about on the back of all of these hard toiling, grafting, wonderful, wonderful salt of the earth people that were my ancestors.

Through the two workshops, first with older women participants and second with younger women participants, a relation of care across generations also formed. Unlike the reciprocity across generations within a family, where individuals were known to each other, this relation of care was across generations of women who were not relatives and had never met – they were the unknown but imagined others. For the older participants, the imagination of the other and the mechanisms through which this emerged was their careful and thoughtful construction of meaningful life lessons written from their own herstories to share with younger generations of women whom they could only imagine. For the younger participants, the imagination of the other occurred through the reading of a life herstory. What was interesting was how the younger women followed, and without any prompting from the research team, a very similar process during the workshop as the older women did. When asked to share the life lesson they had derived from the herstory transcript that had been assigned, they each spent a considerable amount of time giving recognition to the narrator of the interview transcript – making a personal introduction to the woman to ensure that the history, context and personality of the older woman was known to the other younger participants before going on to describe the life lesson they derived from the transcript in relation to their own lives and subjectivities.

## Discussion

As the above discussion demonstrates, the organic evolution of our multi-stage research, along with the depth of caring relations to which it gave rise, was enabled by a collective embodiment of the TROVE principles by both the research team and our various participants. Namely, it was the reciprocation of trust, recognition, openness, vulnerability, and empathy that facilitated a relational and reflexive feminist ethics of care.

Central to the establishment of trust within our research were the various relations of care that emerged throughout the process. As the examples in the previous sections elucidate, care and trust are strongly connected. In the messy, entangled relations that emerge throughout the research process, care and trust cannot be rigidly held to established or instrumentalized rules, as humans often trust in situations where they cannot know whom to trust or how much trust to place (Koehn, 1998). This was clearly evidenced in our research: There were numerous moments when 'others' were trusted without knowing how the 'other' would respond.

Second, we sought to give recognition to our participants through the way we listened to their stories, with a methodology that encouraged them to lead the interview process, and inviting them to share their life lessons with younger women as a way of honouring their expertise. This resonates with the work of Dupuis (2022), who describes her research with older women as embodying a relational ethic where the researcher has a responsibility to engage in deep listening to give recognition to the stories women are sharing. We also observed this unexpectedly but delightfully in the relations of care among participants and across generations.

Third, we encouraged openness amongst the team and with participants; including being honest about the research project and its likely aims (and also, what it cannot do). Thwaites (2017) points out that openness is not always straightforward. Similarly, van den Berg *et al.* (2022: 286) describe openness in the research process as a 'practice of unlearning, of not knowing, requir[ing] the sort of openness that is central to a feminist ethics and practice of care'. In this sense, openness is seen in terms of being open to emergent relations and failures. Openness in this research was multi-dimensional and relational. It involved the researchers encouraging openness amongst the team and with participants but also various forms of 'unlearning' such as the way the older women surprised us with the agentic narratives of their lives – challenging us and our younger participants to think differently about life as an older woman. In many of the sharing spaces that took place throughout the research process, openness was intimately connected to vulnerability.

Fourth, being open requires rendering the self 'vulnerable' in the sense that one's own knowledge and self-understanding are open to question through the research encounter (Rhodes and Carlsen, 2018). This was apparent in the way older women surprised themselves about how they understood their lives during the herstory interviews, as well as in the story-telling and life lessons that often drew on historical wounds. In the TROVE model, ethical vulnerability is intimately connected to trust, recognition, and openness, adding the 'capacity to be personally affected, moved and changed by interactions with others' (Rhodes and Carlsen, 2018: 1298). As Rhodes and Carlsen (2018: 1306) eloquently put it, 'to be vulnerable to the other's teaching means to engage in relationships that are embodied, responsive and affective, rather than just rational and knowing'. This fosters possibilities for empathy, the 'much-needed element for care and relationality' (Johanssen and Wikström, 2023: 320).

Fifth, our experiences resonated with Leake's (2019) argument that empathy is core to the research process, as 'empathy is rooted in what it means to be human' – in other words, in relation. Yet Leake (2019) also recognises the critiques and limitations of empathy. This includes empathy for our own sake (i.e., that we empathise with our participants in order to get a more intimate story, and then use it for our own ends, which doesn't benefit them); the tendency to empathise most with those most familiar to us; and that empathy can reinforce power imbalances if we give ourselves a free pass for doing 'empathetic research' without closely examining relationships. We suggest, therefore, that practicing empathy as researchers, and including empathy as a component of any particular research method, requires a balanced awareness of oneself, one's research participants, and the broader research situation. We propose that this can be facilitated when empathy occurs in relation to trust, recognition, openness, and vulnerability.

## Conclusion

Feminist research is understood differently by various researchers; some see feminist research as explicitly about working with women and/or looking at people's gendered experiences; some about broader commitments to politics of gender equality, and others as revolving around certain research ethics, methods and responsibilities rather than studying a certain group, or taking up a question in specific ways (Harcourt et al., 2022). The TROVE model extends beyond existing literature by advancing a reflexive feminist ethics of care in practice. We could not find prior work that integrates the various elements of reciprocal relationships discussed in this paper, nor a model that other researchers could adopt and adapt. What makes the TROVE model innovative is that it recognises the critiques made about the ethics of care, and reflects on these relations of care throughout the research process.

Furthermore, the TROVE model shows that the research process involves multiple, entangled relationships – not just the 1–1 relationship between researcher and participant, which tends to be emphasised in other work. TROVE highlights the need to recognise and attend to these multiple relationships as they emerge. A further strength of the TROVE is that it does not espouse a particular methodological approach; indeed, our research approach evolved as we went. Rather, it is an effort to articulate how feminist ethics can be translated into guiding principles that form the basis for emerging reciprocal relations of care throughout the research process. The TROVE's focus on emergent relations of care and the five guiding principles thus also embodies and recognises different spaces, places, and temporalities of reciprocity in the research process and is based on a 'strongly reflexive' research approach that continuously reflects ethically on epistemological and ontological assumptions in the knowledge production (Harding, 1991). Through reflexive engagement with our research process, we consider the TROVE to be a way of understanding the core politics of emergent relations of care and the value-driven subject positions we occupy. Importantly, literature on care often does not speak to specific ways in which this can be materialised. As concrete practices described in the relations of care, TROVE offers a practical way of doing care through relationships that are always emergent.

Through our emergent research design, five relations of care developed over the course of the research process. The fluidity of the movements expressed within the relations of care represents this emergent process, but we suggest it is possible for others who may choose to employ this model to identify and seek other forms of relationships. Reaching back to the metaphor of the four stages of a flowering plant, we invite readers to consider their possible adoption and adaptation of the TROVE as the fourth stage: That of the seed spreading of relational ethics and emergent relations of care. Relational elements identified in our research may manifest differently in other research projects (i.e., the relation the research team holds with institutional or funding bodies, and/or the non-human). We do not, therefore, suggest that the five relations of care that emerged through our research process will be, or should be, the same for every research project; they will be dependent on the specifics of any given project, researcher, or research team. What is significant, though, is the role and value of reciprocity of care in research relationships – whomever that may involve and whatever the political project or methodology (i.e., gender equality or decolonisation).

In different ways, the authors of this paper have adopted the TROVE in other research projects they are in direct collaboration with – be it cross-disciplinary, cross-cultural, or geographically dispersed research teams and projects. We therefore suggest that the TROVE is not explicitly reserved for Sociology and/or feminist researchers. In this way, and in ways that we cannot anticipate, we hope that the TROVE model has wider application, opens up opportunities for other researchers and participants to both allow and appreciate the unexpected things that emerge through the research process, and is dynamic, emergent and continues to evolve, grow and be pollinated.

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Trudie Cain is currently affiliated with Auckland Council, New Zealand.





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### References

- Aboulafia V (1984) From domination to recognition. In: Gould CC (eds) *Beyond Domination*. Totowa, NJ: Rowan & Allenheld, 175–185.
- Baier A (1986) Trust and anti-trust. *Ethics* 96(2): 231–260.
- Davion V (1993) Autonomy, integrity, and care. *Social Theory and Practice* 19(2): 161–182.
- Duncombe J and Jessop J (2012) 'Doing rapport' and the ethics of 'faking friendship'. In: Miller T, Birch M, Mauthner M and Jessop J (eds) *Ethics in Qualitative Research*, 2nd ed. London: Sage Publications, 108–121.
- Dupuis C (2022) Feminist ethics amid COVID-19: Unpacking assumptions and reflections on risk in research. In: Harcourt W, van den berg K, Dupuis C and Gaybor J (eds) *Feminist Methodologies*. London: Palgrave MacMillan, 47–63.
- Edwards R (1993) An education in interviewing. In: Lee R and Renzetti C (eds) *Researching Sensitive Topics*. London: Sage Publications, 181–196.

- Edwards R and Mauthner M (2012) *Ethics and Feminist Research: Theory and Practice*. London: Sage Publications.
- Guillemin M and Gillam L (2004) Ethics, reflexivity, and 'ethically important moments' in research. *Qualitative Inquiry* 10(2): 261–280.
- Harcourt W, van den berg K, Dupuis C, et al. (2022) *Feminist Methodologies*. London: Palgrave MacMillan.
- Harding S (1991) *Whose Science? Whose Knowledge?: Thinking from Women's Lives*. Ithaca, NY: Cornell University Press.
- Hirschmann N (1989) Freedom, recognition, and obligation: A feminist approach to political theory. *The American Political Science Review* 83(4): 1227–1244.
- Hoff-Sommers C (1995) *Who Stole Feminism? How Women have Betrayed Women*. NY: Touchstone Books.
- Jackson K (2021) 'What should I do now?': Navigating relational ethics in practice as an early career researcher as illustrated by a qualitative interview study about women's drinking practices. *International Journal of Qualitative Methods* 20: 1–11.
- Johansson J and Wickström A (2023) Constructing a 'different' strength: A feminist exploration of vulnerability, ethical agency and care. *Journal of Business Ethics* 184(2): 317–331.
- Keller J (1995) Autonomy, relationality, and feminist ethics. *Hypatia* 12(2): 128–133.
- Kingston A (2020) Feminist research ethics: From theory to practice. In: Iphofen R (eds) *Handbook of Research Ethics and Scientific Integrity*. Manhattan, NY: Springer, 531–545.
- Koehn D (1998) *Rethinking Feminist Ethics*. London: Routledge.
- Leake E (2019) Empathy as research methodology. In: Liamputtong P (eds) *Handbook of Research Methods in Health Social Sciences*. Singapore: Springer, 237–252.
- Letherby G (2003) *Feminist Research in Theory and Practice*. New York City, NY: McGraw-Hill Education.
- Levinas E (1969) *Totality and Infinity: An Essay on Exteriority*. Pittsburgh, PA: Duquesne University Press.
- Maynard M (1994) Methods, practice and epistemology: The debate about feminism and research. In: Maynard M and Purvis J (eds) *Researching Women's Lives from a Feminist Perspective*. London: Taylor & Francis, 1–17.
- Morgan R (1970) *Sisterhood is Powerful*. New York: Vintage Books.
- Oakley A (2016) Interviewing women again: Power, time and the gift. *Sociology* 50(1): 195–213.
- Puig de la Bellacasa M (2017) *Matters of Care: Speculative Ethics in More Than Human Worlds*. Minneapolis, MN: University of Minnesota Press.
- Pullen A and Rhodes C (2014) Corporeal ethics and the politics of resistance in organizations. *Organization* 21(6): 782–796.
- Resnik DB (2018) *The Ethics of Research with Human Subjects: Protecting People, Advancing Science, Promoting Trust*. Cham: Springer Verlag.
- Rhodes C and Carlsen A (2018) The teaching of the other: Ethical vulnerability and generous reciprocity in the research process. *Human Relations* 71(10): 1295–1318.
- Thwaites R (2017) (Re)Examining the feminist interview: Rapport, gender 'matching,' and emotional labour. *Frontiers in Sociology* 2(18): 1–9.
- Toombes A, Gross S, Bardzell S, et al. (2017) From empathy to care: A feminist care ethics perspective on long-term researcher–participant relations. *Interacting with Computers* 29(1): 45–57.
- Tronto J (2009) Ethics of Care: Sharing views on good care. Interview 4th August 2009. <https://ethicsofcare.org/joan-tronto/>
- Tuhiwai Smith L (2012) *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd ed London: Zed Books.
- Tyler M (2019) Reassembling difference? Rethinking inclusion through/as embodied ethics. *Human Relations* 72(1): 48–68.

- van den Berg K, Dupuis C, Gaybor J, et al. (2022) Epilogue: Learning, unlearning and relearning. In: Harcourt W, van den Berg K, Dupuis C and Gaybor J (eds) *Feminist Methodologies*. London: Palgrave Macmillan, 285–288.
- van den Berg K and Rezvani L (2022) Senses of discomfort: Negotiating feminist methods, theory and identity. In: Harcourt W, van den berg K, Dupuis C and Gaybor J (eds) *Feminist Methodologies*. London: Palgrave MacMillan, 21–45.
- van den Hoonaard WC (2020) ‘Vulnerability’ as a concept captive in its own prison. In: Iphofen R (eds) *Handbook of Research Ethics and Scientific Integrity*. Manhattan. NY: Springer, 577–588.
- van Dijke J, van Nistelrooij I, Bos P, et al. (2020) Towards a relational conceptualization of empathy. *Nursing Philosophy* 21(3): e12297.
- Wainwright SP and Williams C (2005) The embodiment of vulnerability: A case study of the life and love of leoš janáček and his opera the makropulos case. *Body & Society* 11(3): 27–41.
- Whittingdale E (2021) Becoming a feminist methodologist while researching sexual violence support services. *Journal of Law and Society* 48: S10–S21.
- Wiles S (2012) *What are Qualitative Ethics?* London: Bloomsbury.
- Yarrow A, Corr L, Lent C, et al. (2018) Worthwhile work? Childcare, feminist ethics and cooperative research practices. *Gender and Education* 30(5): 553–568.

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